Restless Legs Syndrome

1 **Do you ever experience a desire to move your legs because of discomfort or disagreeable sensations in your legs?**

○ Yes   ○ No   ○ Don't know

V9RLS

---

a. Do you sometimes feel the need to move to relieve the discomfort, for example by walking, or to relieve the discomfort by rubbing your legs?

○ Yes   ○ No   ○ Don't know **V9RLSMOV**

b. Are these symptoms worse when you are at rest (i.e., sitting quietly), with at least temporary relief by activity? **V9RLSRST**

○ Yes   ○ No   ○ Don't know

c. Are these symptoms worse later in the day or at night, than in the morning?

○ Yes   ○ No   ○ Don't know **V9RLSLAT**

Restless Legs Syndrome Rating Scale

| Office Use Only | ○ MISSING |
| SOF ID# | Acrostic |

Instructions: Have the participant rate her symptoms for the following questions. The examiner should mark her answers on the form and clarify any misunderstandings she may have about the questions.

(1) **Overall, how would you rate the discomfort in you legs or arms?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSLA*

(2) **Overall, how would you rate the <u>need to move</u> around because of your symptoms?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSNED*

(3) **Overall, how much <u>relief</u> of your arm or leg discomfort do you get from moving around?**
○ No relief ○ Slight relief ○ Moderate relief ○ Complete or almost complete relief ○ Does not apply *V9RLSREL*

(4) **Overall, how severe is your <u>sleep disturbance</u> from your symptoms?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSSLP*

(5) **How severe is your <u>tiredness</u> or <u>sleepiness</u> from your symptoms?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSTS*

(6) **Overall, how severe are <u>your symptoms as a whole</u>?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSWHO*

(7) **How <u>often</u> do you experience these symptoms?**
○ 6-7 days a week ○ 4-5 days a week ○ 2-3 days a week ○ 1 day a week or less ○ None *V9RLSOFT*

(8) **When you have symptoms, how <u>severe</u> are they on an <u>average day</u>?**
○ 8 hours per day or more ○ 3-8 hours per day ○ 1-3 hours per day ○ 1 hour per day ○ None *V9RLSSEV*

(9) **Overall, how severe is the impact of your symptoms on your ability to carry out your <u>daily affairs</u>, for example carrying out a satisfactory family, home, social, or work life?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSAFR*

(10) **How severe is your mood disturbance from your symptoms-for example angry, depressed, sad, anxious, or irritable?**
○ Very Severe ○ Severe ○ Moderate ○ Mild ○ None *V9RLSMOD*

V9IRLS

V9RLSCAT